NOVA SCOTIA

Health and Wellness

Privacy and Access
File a Complaint

1 Give your personal information

Last name: _____

First name: _____ Middle name: _____

Previous surname _____ Date of birth (yyyy/mm/dd): _____

Mailing address: _____

Postal code: _____ Daytime phone number: _____

Email address (if you wish to be contacted by email) _____

2 Declare your relationship to the individual

☐ self — I am filing a complaint on my own behalf. Go to section 3.

☐ substitute decision-maker – attach evidence of your authority to act on behalf of the patient:

Last name: _____

First name: _____ Middle name: _____

Relationship to patient: _____

Mailing address: _____

Postal code: _____ Daytime phone number: _____

Email address (if you wish to be contacted by email): _____

3 Give details about the complaint and attach any relevant documents

Date of the incident: _____

Place of the incident: _____

Individuals involved: _____

_____

Details of the incident or incidents leading to your complaint: _____

_____

_____

_____

Describe any attempt to resolve this complaint outside of this complaint process, such as any informal discussions you may have had with someone involved in the incident:

_____

_____

Supporting document attached:

☐ Yes ☐ No

4 Consent to our reviewing your personal health information relevant to the complaint

I **consent** to the Department of Health and Wellness reviewing my personal health information in order to fully investigate this complaint.

☐ Yes ☐ No: If no, we may not be able to fully investigate this complaint.

I **consent** to the Department of Health and Wellness discussing the facts presented on this form and any other information related to the complaint with individuals in Department of Health and Wellness. I **understand** that Department of Health and Wellness will only disclose information relevant to this complaint.

☐ Yes ☐ No: If no, we may not be able to fully investigate this complaint.

5 Sign the form

Name (please print): _____

Signature: _____ Date: _____

6 Return the form and attachments to

Privacy and Access Office
NS Department of Health and Wellness
1894 Barrington Street
PO Box 488
Halifax, NS B3J 2R8

Questions? Call 902-424-5419
1-855-640-4765 (toll free)
Email: phia@gov.ns.ca

For Staff Use Only

Authorized signature:

Date: _____